

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3		1		1
4	3		1	
5	3		1	
6		1		
7		1		
8		1		
9		1		
10		1		
11		1		
12	2		1	
13	2		1	
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TOTAL IND.		1		
TOTAL DEP.	12			
TOTAL CLAIMS	13			

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1		
TOTAL DEP.	12			
TOTAL CLAIMS	13			

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TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						